

**AFSCME BARGAINING UNIT
SCHEDULE CHANGE APPROVAL FORM**

Section **16.2(A)** of the bargaining agreement governs the procedures for permanent changes to an Alternate Work Schedule from a Normal Workweek and Workday. Before making permanent work schedule changes , please review Section 16.2(A) and consult with CPH Human Resources.

In short, management must follow these steps prior to making permanent changes to an Alternate Work Schedule from a Normal Workweek and Workday schedule as defined in Section 16.1:

- 1) Complete this form and provide the information listed in the checklist below;
- 2) Obtain Your Division Administrator and Assistant Health Commissioner signatures approving the changed schedules on this form and the Employee Work Schedule Form;
- 3) Send the completed and signed form with the attachments to CPH Human Resources with enough time to provide 28 days notice to the Union.

Columbus Public Health

Department

Division

Affected Operating Unit

Proposed Work Schedule (Use the [Employee Work Schedule Form](#))

☐ Attached

Job Classes/Positions Involved and No. of Affected

☐ Attached

Justification for Proposed Schedule Change

(Operational Efficiency and Effectiveness)

☐ Attached

Impact on Holidays, Sick, Vacation, Disability, Etc.

☐ Attached

Date of Proposed Change _____

(Must be at least 28 days after Union President and affected employees receive this notification.)

Signature of Originator

Date

Originator to Forward for Approval to:

Division Administrator

Date

Assistant Health Commissioner

Date

Health Commissioner/Designee

Date

HCO/Designee to Forward to HR Officer:

Date Received

Date Notice Forwarded to AFSCME

AFSCME Local 2191

The Union waives bargaining.

The Union wishes to bargain.

Signature of Union President

Date